

# Senate Study Bill 1205

SENATE FILE \_\_\_\_\_  
BY (PROPOSED COMMITTEE ON  
APPROPRIATIONS BILL BY  
SENATE APPROPRIATIONS  
SUBCOMMITTEE ON HEALTH AND  
HUMAN SERVICES)

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

## A BILL FOR

1 An Act relating to health care including provisions relating to  
2 improved health care access and delivery and wellness  
3 promotion, providing for consumer input, education, and  
4 empowerment regarding health care and health care decisions,  
5 providing for mandating coverage of treatment for certain  
6 mental health conditions, and making appropriations.  
7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
8 TLSB 1043SB 82  
9 pf/cf/24

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1 1 DIVISION I  
1 2 MEDICAID, HAWK=I, AND IOWACARE INITIATIVES  
1 3 Section 1. Section 249A.3, subsection 2, Code 2007, is  
1 4 amended by adding the following new paragraph:  
1 5 NEW PARAGRAPH. 1. Individuals whose children are eligible  
1 6 for medical assistance and whose family incomes are at or  
1 7 below fifty percent of the federal poverty level as defined by  
1 8 the most recently revised poverty income guidelines published  
1 9 by the United States department of health and human services.  
1 10 Sec. 2. NEW SECTION. 249A.19A HOSPITAL REIMBURSEMENT.  
1 11 Beginning July 1, 2007, the department shall reimburse  
1 12 hospitals as defined in section 135B.1 for provision of  
1 13 services under the medical assistance program at the  
1 14 reimbursement rate allowed under the Medicare program for the  
1 15 same service, subject to the medical assistance program upper  
1 16 payment limit. The reimbursement rate shall be adjusted  
1 17 annually, on July 1, in accordance with the requirements of  
1 18 this section and shall provide for reimbursement that is not  
1 19 less than the reimbursement provided under the Medicare  
1 20 program, subject to the medical assistance program upper  
1 21 payment limit.  
1 22 Sec. 3. Section 249J.6, subsection 1, paragraph e, Code  
1 23 2007, is amended to read as follows:  
1 24 e. ~~Limited pharmacy benefits provided by an expansion~~  
~~population provider network hospital pharmacy and solely~~  
~~related to an appropriately billed expansion population~~  
~~service Medically necessary pharmaceutical benefits.~~  
1 28 Sec. 4. Section 249J.8, subsection 1, Code 2007, is  
1 29 amended to read as follows:  
1 30 1. ~~Beginning July 1, 2005, each~~ Each expansion population  
1 31 member whose family income ~~equals or~~ exceeds one hundred  
1 32 percent of the federal poverty level as defined by the most  
1 33 recently revised poverty income guidelines published by the  
1 34 United States department of health and human services shall  
1 35 pay a monthly premium not to exceed one-twelfth of five  
2 1 percent of the member's annual family income, ~~and each.~~ Each  
2 2 expansion population member whose family income is equal to or  
2 3 less than one hundred percent of the federal poverty level as  
2 4 defined by the most recently revised poverty income guidelines  
2 5 published by the United States department of health and human  
2 6 services shall ~~pay not be subject to payment of~~ a monthly  
2 7 premium ~~not to exceed one-twelfth of two percent of the~~  
~~member's annual family income.~~ All premiums shall be paid on  
2 9 the last day of the month of coverage. The department shall  
2 10 deduct the amount of any monthly premiums paid by an expansion  
2 11 population member for benefits under the healthy and well kids  
2 12 in Iowa program when computing the amount of monthly premiums

2 13 owed under this subsection. An expansion population member  
2 14 shall pay the monthly premium during the entire period of the  
2 15 member's enrollment. Regardless of the length of enrollment,  
2 16 the member is subject to payment of the premium for a minimum  
2 17 of four consecutive months. However, an expansion population  
2 18 member who complies with the requirement of payment of the  
2 19 premium for a minimum of four consecutive months during a  
2 20 consecutive twelve-month period of enrollment shall be deemed  
2 21 to have complied with this requirement for the subsequent  
2 22 consecutive twelve-month period of enrollment and shall only  
2 23 be subject to payment of the monthly premium on a  
2 24 month-by-month basis. Timely payment of premiums, including  
2 25 any arrearages accrued from prior enrollment, is a condition  
2 26 of receiving any expansion population services. Premiums  
2 27 collected under this subsection shall be deposited in the  
2 28 premiums subaccount of the account for health care  
2 29 transformation created pursuant to section 249J.23. An  
2 30 expansion population member shall also pay the same copayments  
2 31 required of other adult recipients of medical assistance.

2 32 Sec. 5. Section 283A.2, Code 2007, is amended by adding  
2 33 the following new subsection:

2 34 NEW SUBSECTION. 3. Each school district that operates or  
2 35 provides for a school breakfast or lunch program shall provide  
3 1 for the forwarding of information from the applications for  
3 2 the school breakfast or lunch program, for which federal  
3 3 funding is provided, to identify children for enrollment in  
3 4 the medical assistance program pursuant to chapter 249A or the  
3 5 healthy and well kids in Iowa program pursuant to chapter 514I  
3 6 to the department of human services.

3 7 Sec. 6. Section 514I.5, subsection 8, paragraph e, Code  
3 8 2007, is amended by adding the following new subparagraph:

3 9 NEW SUBPARAGRAPH. (15) The use of bright futures for  
3 10 infants, children, and adolescents program as developed by the  
3 11 federal maternal and child health bureau and the American  
3 12 academy of pediatrics guidelines for well-child care.

3 13 Sec. 7. IOWACARE PROVIDER NETWORK EXPANSION. The director  
3 14 of human services shall aggressively pursue options to expand  
3 15 the expansion population provider network for the IowaCare  
3 16 program pursuant to chapter 249J. The department may expand  
3 17 the expansion population provider network if sufficient  
3 18 unencumbered certified local matching funds are available to  
3 19 cover the state share of the costs of services provided to the  
3 20 expansion population or if an alternative funding source is  
3 21 identified to cover the state share.

3 22 Sec. 8. MEDICAL ASSISTANCE == IOWACARE APPROPRIATION. In  
3 23 addition to any other appropriation for the purpose  
3 24 designated, there is appropriated from the health care trust  
3 25 fund created in section 453A.35A or similar fund, if enacted  
3 26 by the Eighty-second General Assembly, 2007 Session, to the  
3 27 department of human services for the fiscal year beginning  
3 28 July 1, 2007, and ending June 30, 2008, the following amount,  
3 29 or so much thereof as is necessary, for the purpose  
3 30 designated:

3 31 For medical assistance reimbursement to hospitals,  
3 32 expansion of the Medicaid program to parents of children at or  
3 33 below 50 percent of the federal poverty level, provision of  
3 34 pharmaceutical benefits under the IowaCare program pursuant to  
3 35 chapter 249J, and utilization of the bright futures for  
4 1 infants, children, and adolescents program and associated  
4 2 costs:

4 3 ..... \$ 55,116,295

4 4 Sec. 9. HOME AND COMMUNITY-BASED SERVICES WAIVER ==  
4 5 CHILDREN'S MENTAL HEALTH == APPROPRIATION. There is  
4 6 appropriated from the health care trust fund created in  
4 7 section 453A.35A or similar fund, if enacted by the  
4 8 Eighty-second General Assembly, 2007 Session, to the  
4 9 department of human services for the fiscal year beginning  
4 10 July 1, 2007, and ending June 30, 2008, the following amount,  
4 11 or so much thereof as is necessary, for the purpose  
4 12 designated:

4 13 To eliminate the waiting list for the children's mental  
4 14 health home and community-based services waiver:  
4 15 ..... \$ 2,620,518

4 16 DIVISION II  
4 17 DENTAL HOME

4 18 Sec. 10. DENTAL HOME FOR CHILDREN == FINDINGS.

4 19 1. According to the centers for Medicare and Medicaid  
4 20 services of the United States department of health and human  
4 21 services October 2004 guide to children's dental care in  
4 22 Medicaid:

4 23 a. Dental caries are the single most prevalent chronic

4 24 disease of childhood, children and adolescents living in  
4 25 poverty suffer twice as much tooth decay as their more  
4 26 affluent peers, and their disease is more likely to go  
4 27 untreated.

4 28 b. Untreated dental disease in children results in  
4 29 persistent pain, infection, and destruction of teeth and  
4 30 surrounding tissue; may cause delayed overall development; and  
4 31 may be associated with systemic health conditions. Untreated  
4 32 dental disease also has a social affect on these children who  
4 33 may have problems with school attendance and performance and  
4 34 are often stigmatized because of their appearance. The  
4 35 consequences to the health care system of untreated dental  
5 1 disease are increased visits to emergency rooms, increased  
5 2 hospital admissions, and provision of more costly care.

5 3 c. More than 51 million school hours are lost each year  
5 4 due to dental-related illness.

5 5 2. According to the department of public health oral  
5 6 health bureau oral health of Iowa children environmental scan  
5 7 for 2005 and the children's dental health project:

5 8 a. Preventive dental interventions, including early and  
5 9 routine preventive care, fluoridation, and sealants, are  
5 10 cost-effective in reducing disease and associated  
5 11 expenditures. Low-income children who have their first  
5 12 preventive dental visit by age one are less likely to have  
5 13 subsequent restorative or emergency room visits, and their  
5 14 average dental-related costs are almost 40 percent lower than  
5 15 children who receive their first preventive care after age  
5 16 one.

5 17 b. Early preventive care, education, and regular dental  
5 18 visits at or by the age of one are crucial for good oral  
5 19 health, especially for at-risk children, yet for the federal  
5 20 fiscal year 2004=2005 in Iowa, less than 35 percent of  
5 21 Medicaid-enrolled children ages one to five and less than 45  
5 22 percent of Medicaid-enrolled children ages one to 20 received  
5 23 any dental service.

5 24 c. In Iowa, the percent of Medicaid-enrolled children with  
5 25 untreated decay has consistently been higher than the overall  
5 26 percent of children with untreated decay.

5 27 d. A shortage of dentists exists in the state, overall,  
5 28 and particularly in rural areas. Seventy-one of the state's  
5 29 counties and a portion of Polk county are designated as dental  
5 30 health professional shortage areas.

5 31 e. Even though the percent of Medicaid-enrolled children  
5 32 ages one to five that receives dental services in the state is  
5 33 increasing, many dentists are uncomfortable with providing  
5 34 care to children under the age of three.

5 35 f. Primary pediatric oral health care is best delivered in  
6 1 a dental home where competent oral health practitioners  
6 2 provide continuous and comprehensive services.

6 3 Sec. 11. DENTAL HOME FOR CHILDREN == GOALS. The goals of  
6 4 a dental home for children include all of the following:

6 5 1. Providing an integrated dental service delivery system  
6 6 that includes adequate early identification of disease risk,  
6 7 and delivers disease prevention and dental care services.

6 8 2. Establishing an oral health care coordination network  
6 9 that ensures that children enrolled in the medical assistance  
6 10 program receive appropriate oral health care services.

6 11 3. Establishing a guaranteed dental provider network that  
6 12 ensures an appropriate level of dental care access for  
6 13 children enrolled in the medical assistance program.

6 14 4. Establishing a tracking and monitoring system to  
6 15 regulate outcomes and quality of care within the dental home  
6 16 system.

6 17 5. Providing intensive family-based oral health education  
6 18 in order to strengthen parental oversight of children's home  
6 19 care and increase disease prevention opportunities.

6 20 6. Providing sufficient oral health education  
6 21 opportunities for health care providers to ensure adequate  
6 22 knowledge to meet the oral health needs of young children.

6 23 7. Recruiting and retaining an adequate number of new  
6 24 dentists and dental hygienists in underserved rural  
6 25 communities.

6 26 8. Decreasing overall dental disease rates among children  
6 27 enrolled in the medical assistance program with subsequent  
6 28 cost-savings for the state.

6 29 Sec. 12. NEW SECTION. 249K.1 DEFINITIONS.

6 30 1. "Child health agency" means an entity with which the  
6 31 department of public health contracts to provide maternal and  
6 32 child health services under Title V of the federal Social  
6 33 Security Act.

6 34 2. "Dental health care provider" means a dentist, dental

6 35 hygienist, or oral health care coordinator.

7 1 3. "Dental home" means a service delivery framework that  
7 2 consists of a dentist, supported by a network of dental and  
7 3 nondental public and private health care providers who provide  
7 4 age-appropriate dental disease preventive and care  
7 5 coordination services which may include but are not limited to  
7 6 screenings, preventive therapies, education, and referrals for  
7 7 dental treatment by a dentist.

7 8 4. "Dentist" means an individual who is engaged in the  
7 9 practice of dentistry as defined in section 153.13.

7 10 5. "Department" means the department of human services.

7 11 6. "Local board of health" means local board of health as  
7 12 defined in section 137.2.

7 13 7. "Nondental health care provider" means a physician or  
7 14 nurse who provides screenings, fluoride varnish applications,  
7 15 education, or referrals to dentists.

7 16 Sec. 13. NEW SECTION. 249K.2 DENTAL HOME PROGRAM.

7 17 The department shall establish a program that utilizes  
7 18 different levels of care and different types of providers to  
7 19 provide a dental home for children enrolled in the medical  
7 20 assistance program. The program shall consist of all of the  
7 21 following components:

7 22 1. Purchasing portable dental equipment for child health  
7 23 agencies to provide care in nontraditional settings.

7 24 2. Increasing the capacity of child health agencies to  
7 25 establish and operate a child dental health database system to  
7 26 track patient care and coordination of appointments.

7 27 3. Providing oral health education and promotion  
7 28 opportunities to improve the oral health knowledge among  
7 29 families.

7 30 4. Providing training programs for dental and nondental  
7 31 health care providers regarding children's oral health.

7 32 5. Contracting with a dental insurance carrier to improve  
7 33 participation by dentists in the medical assistance program,  
7 34 creating a dental screening reimbursement code and specific  
7 35 reimbursement for physicians under the medical assistance  
8 1 program, and developing specific reimbursement codes and  
8 2 reimbursement for oral screening and fluoride application by  
8 3 nondental providers. In implementing the reimbursement code  
8 4 provisions of this subsection, the department shall  
8 5 specifically separate the dental services from other services  
8 6 provided under the early periodic screening, diagnosis, and  
8 7 treatment program to encourage providers to provide the dental  
8 8 component of the program. The department shall utilize a  
8 9 request for proposals process in selecting the dental  
8 10 insurance carrier under this subsection.

8 11 6. Reinstating coverage of periodontal and endodontic  
8 12 services to adult medical assistance recipients.

8 13 7. Working with rural hospitals to develop dental clinics.

8 14 8. Partnering with the special supplemental nutrition  
8 15 program for women, infants and children agencies; head start;  
8 16 migrant and community health centers; local boards of health;  
8 17 and public and private hospitals to provide oral health  
8 18 support to families.

8 19 9. Establishing a dental hygienist as the lead oral health  
8 20 care coordinator at all child health agencies; women, infants,  
8 21 and children clinics; local boards of health; head start  
8 22 programs; preschools; and schools.

8 23 Sec. 14. NEW SECTION. 249K.3 RULES.

8 24 The department shall adopt administrative rules pursuant to  
8 25 chapter 17A to administer this division.

8 26 Sec. 15. NEW SECTION. 135.17 DENTAL SCREENING OF  
8 27 CHILDREN.

8 28 1. a. A person shall not be enrolled in a public or  
8 29 nonpublic elementary school without presenting evidence of  
8 30 having prior to age six, at a minimum, a dental screening  
8 31 performed by a licensed physician as defined in chapter 148 or  
8 32 150, or a licensed dental hygienist or dentist as defined in  
8 33 chapter 153. A person shall not be enrolled in a public or  
8 34 nonpublic high school without presenting evidence of having,  
8 35 at a minimum, a dental screening performed within the prior  
9 1 year by a licensed dental hygienist or dentist as defined in  
9 2 chapter 153.

9 3 b. A person performing a dental screening required by this  
9 4 section shall record the fact of having conducted the  
9 5 screening, and such additional information required by the  
9 6 department, on uniform forms developed by the department in  
9 7 cooperation with the department of education. The form shall  
9 8 include a space for the person performing the screening to  
9 9 summarize any condition that may indicate a need for special  
9 10 services.

9 11 c. The department shall specify the procedures that  
9 12 constitute a dental screening and authorize a waiver signed by  
9 13 a licensed physician, dental hygienist, or dentist for a  
9 14 person who is unduly burdened by the screening requirement.  
9 15 d. The person shall not be required to present evidence of  
9 16 having had the dental screening required under this section if  
9 17 the person, or if the person is a minor the person's parent or  
9 18 legal guardian, submits an affidavit signed by the person or  
9 19 if the person is a minor the person's parent or legal guardian  
9 20 stating that the dental screening conflicts with a genuine and  
9 21 sincere religious belief.

9 22 2. Each public and nonpublic school shall give notice of  
9 23 the dental screening requirement to parents of students  
9 24 enrolled or to be enrolled in the school at least ninety days  
9 25 before the start of the school year in the manner prescribed  
9 26 by the department.

9 27 3. Each local board shall furnish the department, within  
9 28 sixty days after the start of the school year, evidence that  
9 29 each person enrolled in any public or nonpublic school within  
9 30 the local board's jurisdiction has met the dental screening  
9 31 requirement in this section.

9 32 4. The department shall adopt rules to administer this  
9 33 section.

9 34 Sec. 16. Section 135.107, subsection 3, paragraph b,  
9 35 subparagraph (2), Code 2007, is amended by adding the  
10 1 following new subparagraph subdivision:

10 2 NEW SUBPARAGRAPH SUBDIVISION. (hh) Determination of which  
10 3 health professions may receive priority for loan repayment,  
10 4 consistent with research performed by the center for rural  
10 5 health and primary care and other available research and based  
10 6 upon a demonstration of highest need.

10 7 Sec. 17. DENTAL HOME APPROPRIATIONS.

10 8 1. There is appropriated from the health care trust fund  
10 9 created in section 453A.35A or similar fund, if enacted by the  
10 10 Eighty-second General Assembly, 2007 Session, to the  
10 11 department of public health for the fiscal year beginning July  
10 12 1, 2007, and ending June 30, 2008, the following amounts, or  
10 13 so much thereof as is necessary, for the purposes designated:

10 14 a. To provide funding to utilize local child health  
10 15 agencies to increase the dental program infrastructure, by  
10 16 utilizing dental hygienists as oral health care coordinators  
10 17 and to purchase portable dental equipment to provide care in  
10 18 nontraditional settings:  
10 19 ..... \$ 1,600,000

10 20 The department of public health shall develop a plan to  
10 21 most efficiently utilize mobile dental units, community  
10 22 colleges, and other such nontraditional settings to provide  
10 23 dental services.

10 24 b. To provide funding to local child health agencies to  
10 25 establish and operate a state child dental health database  
10 26 system for tracking patient care and coordinating  
10 27 appointments, including the development of an internet-based  
10 28 database of all participating dentists:  
10 29 ..... \$ 210,000

10 30 c. To provide funding for public oral health education,  
10 31 promotion, and outreach:  
10 32 ..... \$ 1,044,855

10 33 The department of public health shall develop and implement  
10 34 a plan for public oral health education, promotion, and  
10 35 outreach utilizing schools and the Iowa collaborative safety  
11 1 net provider network established pursuant to section 135.153.

11 2 d. To provide funding for training programs for dental and  
11 3 nondental health care providers regarding children's oral  
11 4 health, particularly for children under the age of three and  
11 5 children with disabilities:  
11 6 ..... \$ 120,000

11 7 2. For loan repayment and recruitment programs  
11 8 through PRIMECARRE as established pursuant to section  
11 9 135.107 to increase the dental workforce in  
11 10 underserved areas:  
11 11 ..... \$ 550,000

11 12 3. There is appropriated from the health care trust fund  
11 13 created in section 453A.35A or similar fund, if enacted by the  
11 14 Eighty-second General Assembly, 2007 Session, to the  
11 15 department of human services for the fiscal year beginning  
11 16 July 1, 2007, and ending June 30, 2008, the following amounts,  
11 17 or so much thereof as is necessary, for the purposes  
11 18 designated:

11 19 a. To contract with a dental insurance carrier to improve  
11 20 dentist participation in the medical assistance program:  
11 21 ..... \$ 11,716,855

11 22 b. To allow reimbursement under the medical assistance  
11 23 program for oral health screening and fluoride application by  
11 24 nondental health care providers:  
11 25 ..... \$ 1,350,000  
11 26 c. To reinstate coverage of periodontal and endodontic  
11 27 services to adult dental medical assistance recipients:  
11 28 ..... \$ 768,000  
11 29 Sec. 18. EFFECTIVE DATE. The section of this division of  
11 30 this Act enacting Code section 135.17 takes effect July 1,  
11 31 2008.

11 32 DIVISION III  
11 33 PRESCRIPTION DRUGS == INFORMATION AND ELECTRONIC  
11 34 PRESCRIBING

11 35 Sec. 19. Section 505.26, Code 2007, is amended to read as  
12 1 follows:

12 2 505.26 PRESCRIPTION DRUG ASSISTANCE CLEARINGHOUSE AND  
12 3 INFORMATION PROGRAM.

12 4 1. The commissioner of insurance shall establish and  
12 5 administer a prescription drug assistance clearinghouse  
12 6 program and information to improve access to prescription  
12 7 drugs for individuals who have no or inadequate health  
12 8 insurance or other resources for the purchase of medically  
12 9 necessary prescription drugs, and to assist individuals in  
12 10 accessing programs offered by pharmaceutical manufacturers  
12 11 that provide free or discounted prescription drugs or provide  
12 12 coverage for prescription drugs, and to provide physicians,  
12 13 pharmacists, and consumers with an evidence-based,  
12 14 noncommercial source of prescription drug information to  
12 15 promote quality and cost-effective use of prescription drugs.

12 16 2. The commissioner of insurance shall utilize computer  
12 17 software programs and an internet website to do all of the  
12 18 following:

12 19 a. Provide a clearinghouse to assist individuals in  
12 20 accessing manufacturer-sponsored prescription drug assistance  
12 21 programs for which they may be eligible, including listing the  
12 22 eligibility requirements for pharmaceutical assistance  
12 23 programs offered by manufacturers.

12 24 b. Disseminate information about and assist individuals in  
12 25 assessing pharmaceutical discount or insurance programs that  
12 26 may be beneficial.

12 27 c. Serve as a resource for pharmaceutical benefit issues.

12 28 d. Assist individuals in making application to and  
12 29 enrolling in the pharmaceutical assistance program most  
12 30 appropriate for the individual.

12 31 e. Maintain a listing of community-based pharmacy  
12 32 assistance programs for additional assistance.

12 33 f. Provide an evidence-based, noncommercial source of  
12 34 prescription drug information.

12 35 3. The commissioner of insurance shall provide information  
13 1 to pharmacies, physicians, other appropriate health care  
13 2 providers, and the general public regarding the program and  
13 3 about manufacturer-sponsored prescription drug assistance  
13 4 programs.

13 5 4. The commissioner of insurance shall notify  
13 6 pharmaceutical manufacturers doing business in this state of  
13 7 the prescription drug assistance clearinghouse and information  
13 8 program, and every pharmaceutical manufacturer that does  
13 9 business in this state that offers a pharmaceutical assistance  
13 10 program shall notify the commissioner of the existence of the  
13 11 program, the prescription drugs covered by the program, and  
13 12 all information necessary for application for assistance  
13 13 through the program. The commissioner of insurance shall  
13 14 provide for ongoing review and assessment of pharmaceutical  
13 15 discount or insurance programs.

13 16 5. The commissioner of insurance may work with  
13 17 pharmaceutical manufacturers to develop a simplified system to  
13 18 assist individuals in accessing pharmaceutical assistance  
13 19 programs. The system may include a simplified, uniform  
13 20 application process or a voucher system for dispensing  
13 21 prescription drugs through local pharmacies.

13 22 6. The commissioner of insurance shall monitor and  
13 23 evaluate the prescription drug assistance clearinghouse and  
13 24 information program including but not limited to the number of  
13 25 individuals served, the length and types of services provided,  
13 26 and any other measurable data available to assess the  
13 27 effectiveness of the program. The commissioner shall make  
13 28 recommendations for improvement of the program and shall  
13 29 identify and make recommendations regarding additional  
13 30 strategies to improve access to prescription drugs for  
13 31 citizens who have no or inadequate health insurance or other  
13 32 resources for the purchase of prescription drugs.

13 33 7. The commissioner of insurance shall submit a report  
13 34 regarding the effectiveness of the program and including any  
13 35 recommendations for improvement of the program to the governor  
14 1 and the general assembly on or before December 15, annually.  
14 2 If a national pharmaceutical assistance program is established  
14 3 by a public or private entity, the commissioner of insurance  
14 4 shall include in the annual report a recommendation regarding  
14 5 the continuation or elimination of the state prescription drug  
14 6 assistance clearinghouse and information program.

14 7 Sec. 20. ELECTRONIC PRESCRIBING. The department of public  
14 8 health, in cooperation with the board of pharmacy examiners,  
14 9 the Iowa pharmacy association, the Iowa medical society, the  
14 10 Iowa osteopathic medical association, the Iowa hospital  
14 11 association, and other interested entities, shall develop a  
14 12 plan to implement the required use of electronic prescribing  
14 13 by all practitioners by January 1, 2010. The department shall  
14 14 submit the completed plan to the general assembly on or before  
14 15 January 1, 2008.

14 16 Sec. 21. PRESCRIPTION ASSISTANCE == APPROPRIATION. There  
14 17 is appropriated from the health care trust fund created in  
14 18 section 453A.35A or similar fund, if enacted by the  
14 19 Eighty-second General Assembly, 2007 Session, to the division  
14 20 of insurance of the department of commerce for the fiscal year  
14 21 beginning July 1, 2007, and ending June 30, 2008, the  
14 22 following amount, or so much thereof as is necessary, for the  
14 23 purpose designated:

14 24 For implementation and administration of the prescription  
14 25 drug assistance clearinghouse and evidence-based,  
14 26 noncommercial prescription drug information source program  
14 27 established pursuant to section 505.26:

14 28 ..... \$ 300,000

14 29 DIVISION IV  
14 30 WELLNESS PROMOTION

14 31 Sec. 22. TOBACCO USE PREVENTION AND CONTROL. There is  
14 32 appropriated from the health care trust fund created in  
14 33 section 453A.35A or similar fund, if enacted by the  
14 34 Eighty-second General Assembly, 2007 Session, to the  
14 35 department of public health for the fiscal year beginning July  
15 1 1, 2007, and ending June 30, 2008, the following amount, or so  
15 2 much thereof as is necessary, for the purposes designated:

15 3 1. For the following cessation services:

15 4 a. Quitline Iowa including a three-fold capacity increase  
15 5 in counseling services by increasing the number of counselors  
15 6 and expanding hours of service:

15 7 ..... \$ 1,100,000

15 8 b. QuitNet to support free online cessation counseling and  
15 9 education for youth and adults:

15 10 ..... \$ 200,000

15 11 c. Patient materials and media promotion:

15 12 ..... \$ 1,959,476

15 13 2. For youth tobacco use prevention including all of the  
15 14 following:

15 15 a. Grants to school districts and community organizations  
15 16 to support Just Eliminate Lies youth chapters and youth  
15 17 tobacco prevention activities with a focus on middle schools  
15 18 and rural areas:

15 19 ..... \$ 1,065,000

15 20 b. Expansion of the Just Eliminate Lies tobacco prevention  
15 21 media campaign with a focus on rural areas:

15 22 ..... \$ 1,000,000

15 23 3. For nicotine replacement therapy:

15 24 ..... \$ 5,550,012

15 25 DIVISION V  
15 26 MENTAL HEALTH COVERAGE

15 27 Sec. 23. Section 135H.3, Code 2007, is amended by adding  
15 28 the following new unnumbered paragraph:

15 29 NEW UNNUMBERED PARAGRAPH. A child who is diagnosed with a  
15 30 mental health condition, as defined in section 514C.22A, and  
15 31 meets the medical assistance program criteria for admission to  
15 32 a psychiatric medical institution for children shall be deemed  
15 33 to meet the acuity criteria for inpatient benefits under a  
15 34 group policy, contract, or plan providing for third-party  
15 35 payment or prepayment of health, medical, and surgical  
16 1 coverage benefits issued by a carrier, as defined in section  
16 2 513B.2, or by an organized delivery system authorized under  
16 3 1993 Iowa Acts, ch. 158, that is subject to section 514C.22A.

16 4 Sec. 24. NEW SECTION. 514C.22A MANDATED COVERAGE FOR  
16 5 MENTAL HEALTH CONDITIONS.

16 6 1. For purposes of this section, unless the context  
16 7 otherwise requires:

16 8 a. "Mental health condition" means any of the following:

16 9 (1) Schizophrenia and other psychotic disorders.  
16 10 (2) Bipolar disorders.  
16 11 (3) Major depressive disorders.  
16 12 (4) Schizo=ffective disorders.  
16 13 (5) Anxiety disorders, including post=traumatic stress  
16 14 disorders and obsessive=compulsive disorders.  
16 15 (6) Pervasive developmental disorders, including autistic  
16 16 disorders.  
16 17 (7) Alcohol or substance abuse.  
16 18 (8) Eating disorders, including but not limited to bulimia  
16 19 nervosa and anorexia nervosa.  
16 20 b. "Rates, terms, and conditions" means any lifetime  
16 21 payment limits, deductibles, copayments, coinsurance, and any  
16 22 other cost=sharing requirements, out=of=pocket limits, visit  
16 23 limitations, and any other financial component of benefits  
16 24 coverage that affects the covered individual.  
16 25 2. a. Notwithstanding section 514C.6, a policy or  
16 26 contract providing for third=party payment or prepayment of  
16 27 health or medical expenses shall provide coverage benefits for  
16 28 mental health conditions based on rates, terms, and conditions  
16 29 that are no more restrictive than the rates, terms, and  
16 30 conditions for coverage benefits provided for other health or  
16 31 medical conditions under the policy or contract.  
16 32 Additionally, any rates, terms, and conditions involving  
16 33 deductibles, copayments, coinsurance, and any other cost=  
16 34 sharing requirements shall be cumulative for coverage of both  
16 35 mental health conditions and other health or medical  
17 1 conditions under the policy or contract.  
17 2 b. Coverage required under this subsection shall be as  
17 3 follows:  
17 4 (1) For the treatment of mental illness, coverage shall be  
17 5 for services provided by a licensed mental health  
17 6 professional, or services provided in a licensed hospital or  
17 7 health facility.  
17 8 (2) For the treatment of alcohol or substance abuse,  
17 9 coverage shall be for services provided by a substance abuse  
17 10 counselor approved by the department of human services or by a  
17 11 substance abuse treatment and rehabilitation facility licensed  
17 12 by the department of public health pursuant to chapter 125.  
17 13 3. This section applies to the following classes of third=  
17 14 party payment provider contracts or policies delivered, issued  
17 15 for delivery, continued, or renewed in this state on or after  
17 16 January 1, 2008:  
17 17 a. Individual or group accident and sickness insurance  
17 18 providing coverage on an expense=incurred basis.  
17 19 b. An individual or group hospital or medical service  
17 20 contract issued pursuant to chapter 509, 514, or 514A.  
17 21 c. A plan established pursuant to chapter 509A for public  
17 22 employees.  
17 23 d. An individual or group health maintenance organization  
17 24 contract regulated under chapter 514B.  
17 25 e. An individual or group Medicare supplemental policy,  
17 26 unless coverage pursuant to such policy is preempted by  
17 27 federal law.  
17 28 f. Any other entity engaged in the business of insurance,  
17 29 risk transfer, or risk retention, which is subject to the  
17 30 jurisdiction of the commissioner.  
17 31 g. An organized delivery system licensed by the director  
17 32 of public health.  
17 33 4. This section shall not apply to a policy or contract  
17 34 issued to employers actively engaged in business who, on at  
17 35 least fifty percent of the employer's working days during the  
18 1 preceding calendar year, employed twenty=five or fewer  
18 2 full=time eligible employees. In determining the number of  
18 3 eligible employees, companies that are affiliated companies or  
18 4 that are eligible to file a combined tax return for purposes  
18 5 of state taxation are considered one employer.  
18 6 5. The commissioner, by rule, shall define the mental  
18 7 health conditions identified in subsection 1. Definitions  
18 8 established by the commissioner shall be consistent with  
18 9 definitions provided in the most recent edition of the  
18 10 American psychiatric association's diagnostic and statistical  
18 11 manual of mental disorders, as such definitions may be amended  
18 12 from time to time. The commissioner may adopt the definitions  
18 13 provided in such manual by reference.  
18 14 6. The commissioner shall adopt rules pursuant to chapter  
18 15 17A to administer this section after consultation with the  
18 16 mental health insurance advisory committee.  
18 17 a. The commissioner shall appoint members to a mental  
18 18 health insurance advisory committee. Members shall include  
18 19 representatives of all sectors of society impacted by issues

18 20 associated with coverage of mental health treatment by third=  
18 21 party payors including but not limited to representatives of  
18 22 the insurance industry, small and large employers, employee  
18 23 representatives including labor, individual consumers, health  
18 24 care providers, substance abuse treatment providers, and other  
18 25 impacted groups and individuals identified by the insurance  
18 26 division of the department of commerce.

18 27 b. The committee shall meet upon the request of the  
18 28 commissioner to review rules proposed under this section by  
18 29 the commissioner, and to make suggestions as appropriate.

18 30 Sec. 25. Section 514C.22, Code 2007, is repealed.

18 31 Sec. 26. The section of this division repealing section  
18 32 514C.22 takes effect January 1, 2008.

18 33 DIVISION VI

18 34 HEALTH CARE COST SAVINGS STRATEGIES

18 35 Sec. 27. Section 96.11, subsection 6, Code 2007, is  
19 1 amended by adding the following new paragraph:

19 2 NEW PARAGRAPH. dd. Subject to conditions as the  
19 3 department by rule prescribes, the department shall provide to  
19 4 the department of human services the health care coverage and  
19 5 dependent health care coverage information collected pursuant  
19 6 to section 96.52.

19 7 Sec. 28. NEW SECTION. 96.52 EMPLOYER'S CONTRIBUTION AND  
19 8 PAYROLL REPORT == INFORMATION SHARING WITH DEPARTMENT OF HUMAN  
19 9 SERVICES.

19 10 The department shall adopt rules, pursuant to chapter 17A,  
19 11 to require that the employer's contribution and payroll report  
19 12 form include the reporting by the employer of information  
19 13 regarding whether, for the individual employee, the employer  
19 14 has health care coverage and dependent health care coverage  
19 15 available, the appropriate date on which the employee may  
19 16 qualify for coverage, and whether the employee is enrolled.  
19 17 The department shall adopt rules in consultation with the  
19 18 department of human services to provide for the sharing of  
19 19 this information for the sole purpose of determining the  
19 20 number of employed individuals or their dependents who are  
19 21 recipients of medical assistance, hawk=i, and the IowaCare  
19 22 program and the cost of the care provided to these employed  
19 23 individuals to the state.

19 24 DIVISION VII

19 25 IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK

19 26 Sec. 29. NEW SECTION. 135.153 IOWA COLLABORATIVE SAFETY  
19 27 NET PROVIDER NETWORK ESTABLISHED.

19 28 1. The department shall establish an Iowa collaborative  
19 29 safety net provider network that includes community health  
19 30 centers, rural health clinics, free clinics, maternal and  
19 31 child health centers, the expansion population provider  
19 32 network as described in chapter 249J, local boards of health  
19 33 that provide direct services, Iowa family planning network  
19 34 agencies, child health specialty clinics, and other safety net  
19 35 providers. The network shall be a continuation of the network  
20 1 established pursuant to 2005 Iowa Acts, chapter 175, section  
20 2 2, subsection 12. The network shall include all of the  
20 3 following:

20 4 a. An Iowa safety net provider advisory group consisting  
20 5 of representatives of community health centers, rural health  
20 6 clinics, free clinics, maternal and child health centers, the  
20 7 expansion population provider network as described in chapter  
20 8 249J, local boards of health that provide direct services,  
20 9 Iowa family planning network agencies, child health specialty  
20 10 clinics, other safety net providers, patients, and other  
20 11 interested parties.

20 12 b. A planning process to logically and systematically  
20 13 implement the Iowa collaborative safety net provider network.

20 14 c. A database of all community health centers, rural  
20 15 health clinics, free clinics, maternal and child health  
20 16 centers, the expansion population provider network as  
20 17 described in chapter 249J, local boards of health that provide  
20 18 direct services, Iowa family planning network agencies, child  
20 19 health specialty clinics, and other safety net providers. The  
20 20 data collected shall include the demographics and needs of the  
20 21 vulnerable populations served, current provider capacity, and  
20 22 the resources and needs of the participating safety net  
20 23 providers.

20 24 d. Network initiatives to, at a minimum, improve quality,  
20 25 improve efficiency, reduce errors, and provide clinical  
20 26 communication between providers. The network initiatives  
20 27 shall include but are not limited to activities that address  
20 28 all of the following:

20 29 (1) Training.

20 30 (2) Information technology.

- 20 31 (3) Financial resource development.
- 20 32 (4) A referral system for ambulatory care.
- 20 33 (5) A referral system for specialty care.
- 20 34 (6) Pharmaceuticals.
- 20 35 (7) Recruitment of health professionals.

21 1 2. The network shall form a governing group which includes  
21 2 two individuals each representing community health centers,  
21 3 rural health clinics, free clinics, maternal and child health  
21 4 centers, the expansion population provider network as  
21 5 described in chapter 249J, local boards of health that provide  
21 6 direct services, the state board of health, Iowa family  
21 7 planning network agencies, child health specialty clinics, and  
21 8 other safety net providers.

21 9 3. The department shall provide for evaluation of the  
21 10 network and its impact on the medically underserved.

21 11 Sec. 30. PHARMACEUTICAL INFRASTRUCTURE FOR SAFETY NET  
21 12 PROVIDERS. The Iowa collaborative safety net provider network  
21 13 established pursuant to section 135.153 shall develop a  
21 14 pharmaceutical infrastructure for safety net providers. The  
21 15 infrastructure shall include all of the following elements:

21 16 1. Identification of the most efficacious drug therapies,  
21 17 a strategy to distribute pharmaceuticals to safety net  
21 18 providers for provision to patients at the point of care, and  
21 19 increased access to pharmaceutical manufacturer assistance  
21 20 programs. Identification of drug therapies shall be made  
21 21 through a community-driven effort with clinical representation  
21 22 from safety net providers and pharmacists who have historical  
21 23 investment and expertise in providing care to safety net  
21 24 provider patients. The effort shall include creating a list  
21 25 of pharmaceuticals that are affordable to safety net provider  
21 26 patients, purchasing pharmaceuticals for safety net provider  
21 27 patients, identifying therapies for an expanded list of  
21 28 pharmaceuticals, and identifying therapies most appropriate to  
21 29 provide to safety net provider patients through pharmaceutical  
21 30 manufacturer assistance programs.

21 31 2. An educational effort for safety net provider patients,  
21 32 medical providers, and pharmacists regarding the drug  
21 33 therapies and access alternatives identified pursuant to  
21 34 subsection 1.

21 35 3. Identification of a pharmacy benefits manager to  
22 1 provide low-cost patient access to therapies identified in the  
22 2 expanded drug lists.

22 3 4. Expanded use of collaborative practice agreements  
22 4 between medical providers and pharmacists to most efficiently  
22 5 utilize their expertise.

22 6 5. A medication reconciliation program to ensure that each  
22 7 patient has a complete record of the patient's medication  
22 8 history available.

22 9 Sec. 31. PHARMACEUTICAL INFRASTRUCTURE FOR SAFETY NET  
22 10 PROVIDERS == APPROPRIATION. There is appropriated from the  
22 11 health care trust fund created in section 453A.35A or similar  
22 12 fund, if enacted by the Eighty-second General Assembly, 2007  
22 13 Session, to the department of public health for the fiscal  
22 14 year beginning July 1, 2007, and ending June 30, 2008, the  
22 15 following amount, or so much thereof as is necessary, for the  
22 16 purpose designated:

22 17 For the pharmaceutical infrastructure for safety net  
22 18 providers:

22 19 ..... \$ 1,000,000

22 20 Sec. 32. SAFETY NET PROVIDER PATIENTS == ACCESS TO  
22 21 SPECIALTY CARE.

22 22 1. The Iowa collaborative safety net provider network  
22 23 established in section 135.153 shall implement a specialty  
22 24 care initiative in three communities in the state to determine  
22 25 various methods of addressing the issue of specialty care  
22 26 access in underserved areas of the state. The communities  
22 27 selected shall develop collaborative partnerships between  
22 28 hospitals, specialists, primary care providers, community  
22 29 partners, human services providers, and others involved in  
22 30 providing health care.

22 31 2. The initiative shall include an evaluation component to  
22 32 determine the value of services provided and participating  
22 33 communities shall participate in sharing data and findings  
22 34 resulting from the initiative.

22 35 3. Based upon the results of the initiative, the network  
23 1 shall build an infrastructure for improved specialty care  
23 2 access throughout the state.

23 3 Sec. 33. SAFETY NET PROVIDER PATIENTS == ACCESS TO  
23 4 SPECIALTY CARE == APPROPRIATION. There is appropriated from  
23 5 the health care trust fund created in section 453A.35A or  
23 6 similar fund, if enacted by the Eighty-second General

23 7 Assembly, 2007 Session, to the department of public health for  
23 8 the fiscal year beginning July 1, 2007, and ending June 30,  
23 9 2008, the following amount, or so much thereof as is necessary  
23 10 for the purpose designated:

23 11 For the safety net provider patients access to the  
23 12 specialty care initiative:

23 13 ..... \$ 1,000,000

23 14 Sec. 34. RECRUITMENT OF HEALTH CARE PROFESSIONALS.

23 15 1. The department of public health, in cooperation with  
23 16 the Iowa collaborative safety net provider network established  
23 17 pursuant to section 135.153, shall develop a statewide,  
23 18 integrated recruitment program to recruit primary care  
23 19 providers to both urban and rural areas. The program shall  
23 20 include the development, in collaboration with colleges of  
23 21 medicine, dentistry, and nursing and other health professions  
23 22 in this state, of a recruitment plan and the utilization of  
23 23 dedicated safety net recruiters. The recruitment program  
23 24 shall compile and maintain a comprehensive repository of  
23 25 recruitment resources available for communities and recruiters  
23 26 to access and utilize in community education and recruitment  
23 27 efforts.

23 28 2. The recruitment program shall include the acquisition  
23 29 of the resources necessary to match candidates with vacancies  
23 30 in both rural and urban areas.

23 31 Sec. 35. RECRUITMENT OF HEALTH CARE PROFESSIONALS ==

23 32 APPROPRIATION. There is appropriated from the health care  
23 33 trust fund created in section 453A.35A or similar fund, if  
23 34 enacted by the Eighty-second General Assembly, 2007 Session,  
23 35 to the department of public health for the fiscal year  
24 1 beginning July 1, 2007, and ending June 30, 2008, the  
24 2 following amount, or so much thereof as is necessary, for the  
24 3 purpose designated:

24 4 For the statewide, integrated recruitment program for  
24 5 recruitment of primary care providers to both urban and rural  
24 6 areas, in cooperation with the Iowa collaborative safety net  
24 7 provider network established pursuant to section 135.153, and  
24 8 for not more than the following full-time equivalent position:  
24 9 ..... \$ 560,000  
24 10 ..... FTEs 1.00

24 11 Sec. 36. IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK  
24 12 EVALUATION == APPROPRIATION. In addition to any other funding  
24 13 appropriated for the purpose designated, there is appropriated  
24 14 from the health care trust fund created in section 453A.35A or  
24 15 similar fund, if enacted by the Eighty-second General  
24 16 Assembly, 2007 Session, to the department of public health for  
24 17 the fiscal year beginning July 1, 2007, and ending June 30,  
24 18 2008, the following amount, or so much thereof as is  
24 19 necessary, for the purpose designated:

24 20 For continued evaluation of the Iowa collaborative safety  
24 21 net provider network by a qualified evaluator, and for not  
24 22 more than the following full-time equivalent position:  
24 23 ..... \$ 30,000  
24 24 ..... FTEs 0.50

24 25 Sec. 37. IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK  
24 26 DATA COLLECTION == APPROPRIATION. There is appropriated from  
24 27 the health care trust fund created in section 453A.35A or  
24 28 similar fund, if enacted by the Eighty-second General  
24 29 Assembly, 2007 Session, to the department of public health for  
24 30 the fiscal year beginning July 1, 2007, and ending June 30,  
24 31 2008, the following amount, or so much thereof as is  
24 32 necessary, for the purpose designated:

24 33 For data collection by the Iowa collaborative safety net  
24 34 provider network established pursuant to section 135.153:  
24 35 ..... \$ 75,000

25 1 The data collection efforts shall include efforts to  
25 2 identify the need for and the progress made toward providing a  
25 3 medical home to all safety net provider patients, with the  
25 4 ultimate goal being to provide all safety net provider  
25 5 patients with a medical home that is accessible,  
25 6 family-centered, culturally effective, coordinated,  
25 7 compassionate, and continuous and which results in providing  
25 8 appropriate and effective care while avoiding unnecessary  
25 9 costs.

25 10 Sec. 38. IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK  
25 11 PROVIDER AWARDS == APPROPRIATIONS. There is appropriated from  
25 12 the health care trust fund created in section 453A.35A or  
25 13 similar fund, if enacted by the Eighty-second General  
25 14 Assembly, 2007 Session, to the department of public health for  
25 15 the fiscal year beginning July 1, 2007, and ending June 30,  
25 16 2008, the following amounts, or so much thereof as is  
25 17 necessary, for the purposes designated:

25 18 1. For distribution to rural health clinics for necessary  
25 19 infrastructure, statewide coordination, provider recruitment,  
25 20 service delivery, and provision of assistance to patients in  
25 21 determining an appropriate medical home:  
25 22 ..... \$ 150,000  
25 23 2. For distribution to free clinics for necessary  
25 24 infrastructure, statewide coordination, provider recruitment,  
25 25 service delivery, and provision of assistance to patients in  
25 26 determining an appropriate medical home:  
25 27 ..... \$ 250,000  
25 28 Of the amount allocated in this subsection, \$50,000 shall  
25 29 be used to establish a statewide association for free clinics.  
25 30 3. For distribution to maternal and child health centers  
25 31 for pilot programs in Cerro Gordo, Polk, and Wayne counties to  
25 32 assist patients in determining an appropriate medical home:  
25 33 ..... \$ 100,000  
25 34 4. For distribution to local boards of health that provide  
25 35 direct services for pilot programs in Cerro Gordo, Polk, and  
26 1 Wayne counties, to assist patients in determining an  
26 2 appropriate medical home:  
26 3 ..... \$ 100,000  
26 4 5. For distribution to Iowa family planning network  
26 5 agencies for necessary infrastructure, statewide coordination,  
26 6 provider recruitment, service delivery, and provision of  
26 7 assistance to patients in determining an appropriate medical  
26 8 home:  
26 9 ..... \$ 100,000  
26 10 6. For distribution to the Iowa=Nebraska primary care  
26 11 association for statewide coordination of the Iowa  
26 12 collaborative safety net provider network:  
26 13 ..... \$ 100,000  
26 14 Sec. 39. COMMUNITY HEALTH CENTERS INCUBATOR GRANT FUNDING  
26 15 == APPROPRIATION. There is appropriated from the health care  
26 16 trust fund created in section 453A.35A or similar fund, if  
26 17 enacted by the Eighty=second General Assembly, 2007 Session,  
26 18 to the department of public health for the fiscal year  
26 19 beginning July 1, 2007, and ending June 30, 2008, the  
26 20 following amount, or so much thereof as is necessary, for the  
26 21 purpose designated:  
26 22 For continuation of the incubation grant program to  
26 23 community health centers as described in 2005 Iowa Acts,  
26 24 chapter 175, section 2, subsection 12:  
26 25 ..... \$ 650,000

DIVISION VIII

CHILDREN'S HEALTHY DEVELOPMENT INITIATIVE

Sec. 40. CHILDREN'S HEALTHY DEVELOPMENT INITIATIVE.

26 28 1. It is the intent of this division to establish a  
26 29 children's healthy development initiative by building on  
26 30 evidence=based practices and the state's experience with  
26 31 ensuring better child development and by expanding primary,  
26 32 preventive, and developmental health services for children  
26 33 that improve children's healthy development.  
26 34 2. The initiative shall include enhanced health  
27 1 practitioner use of developmental screening and surveillance,  
27 2 screening for maternal depression, nutrition counseling to  
27 3 prevent obesity, recommendations from the department of public  
27 4 health's comprehensive statewide obesity prevention plan, and  
27 5 other forms of anticipatory guidance to improve children's  
27 6 healthy physical and mental development. The initiative shall  
27 7 also include improved referrals and follow=up services through  
27 8 the Early Intervention Program for Infants and Toddlers with  
27 9 Disabilities, Part C of the Individuals with Disabilities  
27 10 Education Act, 20 U.S.C. ch. 33, and through child mental  
27 11 health follow=up services, and shall provide improved linkages  
27 12 with the other community=based services that improve  
27 13 children's healthy development, school readiness, and  
27 14 educational success.  
27 15 3. The early ACCESS program created pursuant to 281 IAC  
27 16 120 shall expand the program's goals and available services to  
27 17 incorporate the provisions specified in this section, and the  
27 18 Iowa council for early ACCESS created pursuant to 281 IAC  
27 19 120.7 shall expand the council's duties to provide oversight  
27 20 and coordination of the activities of the children's healthy  
27 21 development initiative.  
27 22 Sec. 41. EARLY ACCESS PROGRAM APPROPRIATION. There is  
27 23 appropriated from the health care trust fund created in  
27 24 section 453A.35A or similar fund, if enacted by the  
27 25 Eighty=second General Assembly, 2007 Session, to the  
27 26 department of education for the fiscal year beginning July 1,  
27 27 2007, and ending June 30, 2008, the following amount, or so  
27 28 much thereof as is necessary, for the purpose designated:

27 29 To supplement funding for and expand the early ACCESS  
27 30 program as established pursuant to 20 U.S.C. ch. 33 of the  
27 31 federal Individuals with Disabilities Education Act and 34  
27 32 C.F.R. } 303, and to provide specific incentives for greater  
27 33 coordination with health practitioners:

27 34 ..... \$ 1,500,000

27 35 Sec. 42. EARLY CARE, HEALTH, AND EDUCATION PROGRAMS ==  
28 1 APPROPRIATION. There is appropriated from the health care  
28 2 trust fund created in section 453A.35A or similar fund, if  
28 3 enacted by the Eighty-second General Assembly, 2007 Session,  
28 4 to the department of education for deposit in the school ready  
28 5 children grants account of the Iowa empowerment fund for the  
28 6 fiscal year beginning July 1, 2007, and ending June 30, 2008,  
28 7 the following amount, or so much thereof as is necessary, to  
28 8 be used for the purpose designated:

28 9 For demonstration grants to local empowerment boards to  
28 10 establish local resources and coordination systems to address  
28 11 the needs identified by health practitioners for services and  
28 12 support in order to ensure healthy child development:  
28 13 ..... \$ 250,000

28 14 The amount appropriated in this section shall be  
28 15 distributed based upon applications submitted by local  
28 16 empowerment boards.

28 17 Sec. 43. HEALTHY MENTAL DEVELOPMENTAL INITIATIVE ==  
28 18 APPROPRIATION. There is appropriated from the health care  
28 19 trust fund created in section 453A.35A or similar fund, if  
28 20 enacted by the Eighty-second General Assembly, 2007 Session,  
28 21 to the department of public health for the fiscal year  
28 22 beginning July 1, 2007, and ending June 30, 2008, the  
28 23 following amount, or so much thereof as is necessary, for the  
28 24 purpose designated:

28 25 For the healthy mental developmental initiative, to  
28 26 continue existing pilot programs and to expand effective  
28 27 practices statewide in practitioner screening and referrals  
28 28 for developmental mental health concerns:  
28 29 ..... \$ 750,000

28 30 Sec. 44. HOPES PROGRAM == STATEWIDE EXPANSION ==  
28 31 APPROPRIATION. There is appropriated from the health  
28 32 care trust fund created in section 453A.35A or similar  
28 33 fund, if enacted by the Eighty-second General  
28 34 Assembly, 2007 Session, to the department of public  
28 35 health for the fiscal year beginning July 1, 2007, and  
29 1 ending June 30, 2008, the following amount, or so much  
29 2 thereof as is necessary, for the purpose designated:

29 3 To expand statewide the healthy opportunities for  
29 4 parents to experience success (HOPES)=healthy families  
29 5 Iowa (HFI) program created pursuant to section  
29 6 135.106, to provide services to families and children  
29 7 during the prenatal through preschool years:  
29 8 ..... \$ 5,300,000

29 9 DIVISION IX  
29 10 HEALTH CARE PROVIDER ACCESS

29 11 Sec. 45. Section 135.24, subsection 2, paragraphs a and b,  
29 12 Code 2007, are amended to read as follows:

29 13 a. Procedures for expedited registration of health care  
29 14 providers deemed qualified by the board of medical examiners,  
29 15 the board of physician assistant examiners, the board of  
29 16 dental examiners, the board of nursing, the board of  
29 17 chiropractic examiners, the board of psychology examiners, the  
29 18 board of social work examiners, the board of behavioral  
29 19 science examiners, the board of pharmacy examiners, the board  
29 20 of optometry examiners, the board of podiatry examiners, the  
29 21 board of physical and occupational therapy examiners, the  
29 22 state board for respiratory care, and the Iowa department of  
29 23 public health, as applicable. An expedited registration shall  
29 24 be completed within fifteen days of application of the health  
29 25 care provider.

29 26 b. Procedures for expedited registration of free clinics.  
29 27 An expedited registration shall be completed within fifteen  
29 28 days of application of the free clinic.

29 29 Sec. 46. Section 135.24, subsection 3, unnumbered  
29 30 paragraph 1, Code 2007, is amended to read as follows:

29 31 A health care provider providing free care under this  
29 32 section shall be considered an employee of the state under  
29 33 chapter 669, and shall be afforded protection as an employee  
29 34 of the state under section 669.21, and shall not be subject to  
29 35 payment of claims arising out of the free care provided under  
30 1 this section through the health care provider's own  
30 2 professional liability insurance coverage, provided that the  
30 3 health care provider has done all of the following:

30 4 DIVISION X

30 7 APPROPRIATION.

30 8 1. The department of public health shall issue a request  
30 9 for proposals to select an entity to conduct deliberative  
30 10 dialogues with Iowans across the state to gather  
30 11 straightforward, qualitative information concerning  
30 12 participants' opinions and beliefs regarding their health care  
30 13 goals, factors important to caring for their health,  
30 14 challenges and consequences they face in caring for their  
30 15 health, and their willingness to make or accept changes in  
30 16 their health care use or health care access or in the delivery  
30 17 of health care services to them, in order to achieve their  
30 18 health care goals.

30 19 2. Pursuant to the contract the entity, in conjunction  
30 20 with the interim commission on affordable health care plans  
30 21 for small businesses and families, or a similar commission if  
30 22 created by the Eighty-second General Assembly, 2007 Session,  
30 23 shall conduct forty three-hour conversations across the state  
30 24 in twenty locations in a variety of population settings. Two  
30 25 conversations shall be held in each location, one during the  
30 26 day and one during the evening, to encourage greater citizen  
30 27 participation.

30 28 3. After the deliberative dialogues have been completed,  
30 29 the entity shall prepare a written report summarizing the  
30 30 results of the conversations. The report shall be delivered  
30 31 to the governor, an interim commission on affordable health  
30 32 care plans for small businesses and families or a similar  
30 33 commission if established by the Eighty-second General  
30 34 Assembly, 2007 Session, the health care data research advisory  
30 35 council or a similar entity if established by the  
31 1 Eighty-second General Assembly, 2007 Session, and the  
31 2 department of public health on or before November 1, 2007.

31 3 4. There is appropriated from the health care trust fund  
31 4 created in section 453A.35A or similar fund, if enacted by the  
31 5 Eighty-second General Assembly, 2007 Session, to the  
31 6 department of public health for the fiscal year beginning July  
31 7 1, 2007, and ending June 30, 2008, the following amount, or so  
31 8 much thereof as is necessary, for the purpose designated:

31 9 For contract costs associated with conducting deliberative  
31 10 dialogues across the state by an entity as set forth in this  
31 11 section:  
31 12 ..... \$ 140,000

31 13 EXPLANATION

31 14 This bill includes provisions relating to health care  
31 15 including health care coverage and health care initiatives.  
31 16 The bill makes appropriations from the health care trust fund  
31 17 or similar fund, if created by the Eighty-second General  
31 18 Assembly, 2007 Session.

31 19 MEDICAID, HAWK-I, AND IOWACARE INITIATIVES. The bill  
31 20 expands eligibility for the medical assistance (Medicaid)  
31 21 program to parents whose children are eligible for medical  
31 22 assistance and whose family incomes are at or below 50 percent  
31 23 of the federal poverty level. The bill also provides for  
31 24 reimbursement of hospitals under the Medicaid program at the  
31 25 reimbursement rate allowed under the Medicare program for the  
31 26 same service, subject to the Medicare upper payment limit, and  
31 27 provides for annual adjustment of the reimbursement rate. The  
31 28 bill provides for medically necessary pharmaceutical benefits  
31 29 under the IowaCare program, and eliminates the premium  
31 30 requirement for IowaCare members with family incomes equal to  
31 31 or less than 100 percent of the federal poverty level. The  
31 32 bill directs school districts to forward information from the  
31 33 applications for the school breakfast or lunch program, for  
31 34 which federal funding is provided, to the department of human  
31 35 services to identify children eligible for enrollment in  
32 1 Medicaid and hawk=i. The bill adds the use of the bright  
32 2 futures for infants, children, and adolescents program as a  
32 3 benefit for hawk=i recipients, and directs the director of  
32 4 human services to aggressively pursue options for expanding  
32 5 the provider network under the IowaCare program. The bill  
32 6 provides appropriations to fund the various Medicaid,  
32 7 IowaCare, and hawk=i initiatives and to eliminate the waiting  
32 8 list for the children's mental health home and community-based  
32 9 services waiver.

32 10 DENTAL PROVISIONS. The bill includes provisions relating  
32 11 to the establishment of a dental home for children, including  
32 12 findings, goals, and the components to be included in the  
32 13 dental home program. The bill provides that in order to  
32 14 enroll in a public or nonpublic elementary school or in a  
32 15 public or nonpublic high school, a person must have evidence

32 16 of having had a dental screening. The bill provides hardship  
32 17 and religious exemptions to this requirement. The bill  
32 18 provides for expansion of the PRIMECARRE program by the  
32 19 department of public health to expand recruitment and loan  
32 20 repayment programs to increase the dental workforce in  
32 21 underserved areas. The bill includes appropriations for the  
32 22 various dental-related initiatives.

32 23 PRESCRIPTION DRUGS. The bill expands the prescription drug  
32 24 assistance clearinghouse established by the division of  
32 25 insurance to include a component to provide physicians,  
32 26 pharmacists, and consumers with an evidence-based,  
32 27 noncommercial source of prescription drug information to  
32 28 promote quality and cost-effective use of prescription drugs.  
32 29 The bill also directs the department of public health to work  
32 30 with other entities to develop a plan to require electronic  
32 31 prescribing in the state by January 1, 2010, and to submit the  
32 32 plan to the general assembly by January 1, 2008.

32 33 TOBACCO USE PREVENTION AND CONTROL. The bill provides  
32 34 appropriations to the department of public health for various  
32 35 tobacco use prevention and control activities including  
33 1 Quitline Iowa, QuitNet, patient materials and media promotion,  
33 2 grants to support Just Eliminate Lies youth chapters and youth  
33 3 tobacco prevention activities, and nicotine replacement  
33 4 therapy.

33 5 MENTAL HEALTH COVERAGE. The bill amends Code section  
33 6 135H.3 to provide that a child who is diagnosed with a mental  
33 7 health condition, as defined in new Code section 514C.22A, and  
33 8 meets the medical assistance program criteria for admission to  
33 9 a psychiatric medical institution for children is deemed to  
33 10 meet the acuity criteria for specified third-party payment of  
33 11 inpatient benefits.

33 12 The bill creates new Code section 514C.22A and provides  
33 13 that a policy or contract providing for third-party payment or  
33 14 prepayment of health or medical expenses, delivered,  
33 15 continued, or renewed in this state on or after January 1,  
33 16 2008, must provide coverage benefits for mental health  
33 17 conditions based on rates, terms, and conditions which are no  
33 18 more restrictive than the rates, terms, and conditions  
33 19 associated with coverage benefits provided for other  
33 20 conditions under the policy or contract. Mental health  
33 21 conditions are defined to mean any of the following:  
33 22 schizophrenia and other psychotic disorders; bipolar  
33 23 disorders; major depressive disorders; schizo-affective  
33 24 disorders; anxiety disorders, including post-traumatic stress  
33 25 disorders and obsessive-compulsive disorders; pervasive  
33 26 developmental disorders, including autistic disorders; alcohol  
33 27 or substance abuse; and eating disorders, including but not  
33 28 limited to bulimia nervosa and anorexia nervosa.

33 29 Employers with 25 or fewer employees are expressly exempted  
33 30 from the requirements of the bill.

33 31 The bill directs the insurance commissioner to establish by  
33 32 rule the definitions of the mental health conditions  
33 33 identified. The definitions established by the commissioner  
33 34 are to be consistent with definitions provided in the most  
33 35 recent edition of the American psychiatric association's  
34 1 diagnostic and statistical manual of mental disorders, as such  
34 2 definitions may be amended from time to time. The  
34 3 commissioner may adopt the definitions provided in such manual  
34 4 by reference.

34 5 The bill also requires the insurance commissioner to adopt  
34 6 rules to administer this section, after consultation with the  
34 7 new mental health insurance advisory committee, whose members  
34 8 are appointed by the commissioner from business, consumer, and  
34 9 health groups.

34 10 Code section 514C.22, which currently mandates coverage for  
34 11 certain mental health conditions, is repealed effective  
34 12 January 1, 2008. Code section 514C.22 does not mandate  
34 13 coverage for mental health conditions arising from alcohol or  
34 14 substance abuse or from eating disorders and does not apply to  
34 15 employers with 50 or fewer employees.

34 16 HEALTH CARE COVERAGE REPORTING. The bill directs the  
34 17 department of workforce development to adopt rules to require  
34 18 that the employer's contribution and payroll report form  
34 19 include the reporting by the employer of information regarding  
34 20 whether, for the individual employee, the employer has health  
34 21 care coverage and dependent care coverage available, the  
34 22 appropriate date on which the employee may qualify, and  
34 23 whether the employee is enrolled. The department of workforce  
34 24 development is directed to adopt rules in consultation with  
34 25 the department of human services to provide for the sharing of  
34 26 this information for the sole purpose of determining the

34 27 number of employed individuals who are recipients of medical  
34 28 assistance, hawk=i, and the IowaCare program, and the cost of  
34 29 the care provided to these employed individuals.  
34 30 IOWA COLLABORATIVE SAFETY NET PROVIDER NETWORK. The bill  
34 31 codifies the Iowa collaborative safety net provider network  
34 32 that was previously only referred to in session law. The  
34 33 network includes community health centers, rural health  
34 34 clinics, free clinics, maternal and child health centers, the  
34 35 expansion population provider network for IowaCare, local  
35 1 boards of health that provide direct services, Iowa family  
35 2 planning network agencies, child health speciality clinics,  
35 3 and other safety net providers. The bill directs the network  
35 4 to develop a pharmaceutical infrastructure for safety net  
35 5 providers to implement a specialty care initiative in three  
35 6 communities in the state to determine various methods of  
35 7 addressing the issue of specialty care access in underserved  
35 8 areas. The bill directs the department of public health in  
35 9 cooperation with the network to develop a recruitment program  
35 10 to recruit primary care providers to both rural and urban  
35 11 areas. In addition to these provisions and appropriations for  
35 12 these provisions, the bill provides appropriations for  
35 13 continuation of data collection by the network, evaluation of  
35 14 the network, network provider awards, the community health  
35 15 centers incubator grant program, and for coordination of the  
35 16 network.

35 17 CHILDREN'S HEALTHY DEVELOPMENT INITIATIVE. The bill  
35 18 creates a children's healthy development initiative to build  
35 19 on evidence-based practices and the state's experience with  
35 20 ensuring better child development and to expand primary,  
35 21 preventive, and developmental health services for children  
35 22 that improve children's healthy development. The initiative  
35 23 includes enhanced health practitioner use of developmental  
35 24 screening and surveillance, screening for maternal depression,  
35 25 nutrition counseling to prevent obesity, the department of  
35 26 public health recommendations of the comprehensive statewide  
35 27 obesity prevention plan, and other forms of anticipatory  
35 28 guidance to improve children's healthy physical and mental  
35 29 development. The initiative also includes improved referrals  
35 30 and follow-up services and provides improved linkages with the  
35 31 other community-based services that improve children's healthy  
35 32 development, school readiness, and educational success. The  
35 33 bill expands the goals and available services of the early  
35 34 ACCESS program and the Iowa council for early ACCESS to  
35 35 provide oversight and coordinate the activities of the  
36 1 children's healthy development initiative. The bill also  
36 2 includes an appropriation to the department of education for  
36 3 the early ACCESS program, and an appropriation to the  
36 4 department of education for deposit in the school ready  
36 5 children grants account of the Iowa empowerment fund for early  
36 6 care, health, and education program grants. The bill also  
36 7 makes an appropriation to the department of public health for  
36 8 the healthy mental development initiative. The bill also  
36 9 makes an appropriation to the department of public health to  
36 10 expand statewide the healthy opportunities for parents to  
36 11 experience success (HOPES)=healthy families Iowa (HFI)  
36 12 program.

36 13 HEALTH CARE PROVIDER ACCESS. The bill provides for an  
36 14 expedited registration process for health care providers who  
36 15 apply to participate in the volunteer health care provider  
36 16 program. The registration is to be completed within 15 days  
36 17 of application by the health care provider. Additionally, the  
36 18 bill provides that in addition to the participating health  
36 19 care providers being deemed employees of the state for the  
36 20 purposes of the state tort claims Act, the participating  
36 21 health care provider is not subject to payment of claims  
36 22 arising out of the free care provided through the health care  
36 23 provider's own professional liability insurance coverage.

36 24 HEALTH CARE DELIBERATIVE DIALOGUE. The bill directs the  
36 25 department of public health to issue a request for proposals  
36 26 to select an entity to conduct deliberative dialogues with  
36 27 Iowans to gather straightforward, qualitative information  
36 28 concerning participants' opinions and beliefs relating to  
36 29 health care. When the deliberative dialogues are completed,  
36 30 the entity is to prepare a written report summarizing the  
36 31 results of the conversations, and deliver the report to the  
36 32 governor, any commission or advisory group established, and  
36 33 the department of public health on or before November 1, 2007.  
36 34 The bill provides an appropriation for this purpose.

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